

**Rescue Squad Assistance Fund (RSAF)  
Equipment Status / Final Report Form**

This report is required within sixty days of the final disbursement of awarded funds, but no later than sixty days after the end of the grant period. The funded item/project shall be completed and operational at the time this form is signed and returned.

Agency Name:	Grant #:
Agency Address:	Grant Cycle:
	Agency FIN: <i>number is required</i>
	Phone Number:
Signature	Title

*Please number each item listed:*

No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number:
	Equipment/Project Status:
	Location item housed at:

**\*\* This page can be duplicated as necessary\*\***  
**Provide project description on back.**

**Virginia Office of Emergency Medical Services**  
**Virginia Department of Health**

**Description of Completed Project:**

Please describe in detail the item/project funded by the RSAF. Please indicate how this funding impacted your agency and the services provided.

[illegible]